



DEPENDENT (S) SUPPORT STATEMENT (DSS)

Student Name (Last, First, MI - please print)

SS#

and Student ID

In order to process your student aid application, our office must confirm that you are providing **more than 50%** of the financial support for your dependent(s).

PLEASE COMPLETE THE FOLLOWING INFORMATION:

List all dependents who will receive **more than one-half** of their financial support **from you** between July 1, 2008 and June 30, 2009.

Full Name	Age	Relationship to you	SS#	Numbers of months living in your home in 2008-09

Where *did* you live in 2007? ___ with parents ___ with relatives (or others) _____ (explain) ___ on your own
Where *will* you live in 2008? ___ with parents ___ with relatives (or others) _____ (explain) ___ on your own

Did/will parent(s) claim either you or your child as a tax exemption *for 2007?* yes no *or 2008?* yes no

List the monthly income/benefits and expenses for you and your dependent(s):

MONTHLY INCOME (supporting documentation **MUST** be submitted)

Earnings from employment (submit copy of pay-stubs from the past month)	\$ _____	Other (Specify) _____	\$ _____
Unemployment Benefits	\$ _____	Social Security	\$ _____
TANF/Welfare	\$ _____	Food Stamps	\$ _____
Housing Assistance	\$ _____	Health Care Assistance	\$ _____
Child Support (report from court, bank statement, or signed stmt from paying parent)	\$ _____	Monetary gifts from other people	\$ _____

MONTHLY EXPENSES

		Other Expenses (for student and dependent only)		Amt paid by you:
Total household rent/mortgage:	\$ _____	Food	\$ _____	\$ _____
Total household utilities:	+ _____	Medical/Dental	\$ _____	\$ _____
Total household rent/utilities:	= _____(a)	Transportation	\$ _____	\$ _____
Amount of rent/utilities paid by you:	\$ _____(d)	Clothing	\$ _____	\$ _____
		Child Care	\$ _____	\$ _____
Number of people living in the home (including you & your children)	_____ (b)	Misc.	\$ _____	\$ _____
		Total	\$ _____(c)	\$ _____(e)

SIGN AND DATE BELOW

Student Signature

Date (mm/dd/yyyy)

OFFICE USE ONLY

_____ Total rent/utilities (a)	_____ Student's share of rent/utilities	_____ Total expenses paid by student (d + e)
÷ _____ # in household (b)	_____ Student's "other" expenses (c)	_____ Student's total expenses
= _____ per person cost	+ _____ Student's total expenses	÷ _____ % paid by student
X _____ # in student's HH	= _____ expenses	
= _____ Student's share		

Return this form within 15 days to the Glendale Community College Financial Aid Office
6000 W. Olive Avenue • Glendale, AZ 85302 • (623) 845-3366 • Fax (623) 845-3310

www.gc.maricopa.edu/finaid